

FOR BOARD USE ONLY

Date Received: _____

FOR BOARD USE ONLY

Date Approved: _____



ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-879-4232 ♦ Fax: 205-879-4232*51

E-Mail ID.admin@idboard.alabama.gov

**APPLICATION FOR LOST OR DESTROYED CERTIFICATE OF REGISTRATION FOR
INTERIOR DESIGNER REGISTRATION
EFFECTIVE 10/1/06**

This application shall be completed in its entirety, signed, and dated. Please type or print clearly in black ink.

NAME: _____ **Maiden Name if applicable:** _____

REGISTRATION NUMBER: _____

RESIDENCE ADDRESS: Number & Street _____

City _____ County _____ State _____ Zip Code _____

BUSINESS NAME: _____ **Position or Title** _____

BUSINESS ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

TELEPHONE: Residence (____) _____ Business (____) _____ Fax (____) _____

Please completely and fully explain your reason(s) for requesting a duplicate Certificate of Registration.

I hereby acknowledge that my original Certificate of Registration is either lost or destroyed. I hereby request a duplicate Certificate of Registration. I understand that I shall be required to pay the non-refundable fee of \$25.00 made payable to the Alabama State Board of Registration for Interior Design. Fee shall accompany application.

Date: _____ **Signature:** _____

MAIL TO:

ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

P.O. 11026

Birmingham, AL 35202

(205) 879-4232

FAX (205) 879-4232 *51

E-mail: ID.admin@idboard.alabama.gov